

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 176
Registered No. 71

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. Gila County Hosp. St. Ward _____
(If birth occurred in a hospital or institution, give as NAME instead of street and number)

2. Full name of child Mary Barbara Fullenwider { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes 7. Date of birth 4-23-29
Month Day Year

8. FATHER Full name Samuel Logan Fullenwider 14. MOTHER Full maiden name Mary Louise Mayer

9. Residence (Usual place of abode) Globe 15. Residence (Usual place of abode) Globe
If non-resident, give place and state. Ariz If non-resident, give place and state. Ariz

10. Color or race White 11. Age at last birthday 27 (Years) 16. Color or race White 17. Age at last birthday 23 (Years)

12. Birthplace (city or place) Galaxy 18. Birthplace (city or place) Globe
(State or country) Kansas (State or country) Ariz

13. Occupation Auto mechanic 19. Occupation Housewife
Nature of industry Nature of industry

20. Number of children of this mother 1 (a) Born alive and now living 1
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 7³⁰ A m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature C. W. Adams Physician or midwife.

Given name added from a supplemental report _____ Address Box 636 Globe, Ariz
Month, day, year _____ Filled 5/8, 1929 E. E. Wighams Registrar

469-423-749

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in or for of birth stated.